

Appendix H

Long Term Care Inventory

July 2000 to June 2001

Compiled March 2003

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Appendix H

Long Term Care Inventory

Introduction

The Long Term Care Inventory is a summary of most of the publicly funded services and programs that provide long term care in California, including federal Home and Community Based Service Waivers. Several additional programs that provide long term care services in addition to their primary purpose are not included, although they may be added at a later date. For each service, there is a program description and eligibility requirements. In addition, enrollment caps and geographic locations are identified. For the most part, the numbers of persons receiving services is reported for the fiscal year July 2000 to June 2001 unless otherwise noted. Information on waiting lists is reported where available.

Department of Aging

Adult Day Health Care (ADHC)

Brief Program Description: A day care program providing a variety of health, therapeutic, and social services in order to optimize the health and self-care of those at risk of being placed in a nursing home. The program has increased 41% or by 135 centers in FY 99-00 (55 to 190 centers), and 21% or by 39 centers in FY 00-01 (190 to 229 centers).

What services are provided? ADHC required services include medical services (personal or staff physician); nursing services; physical therapy; occupational therapy; speech therapy; psychiatric/psychological services; social services; recreational activities; transportation to and from the center, if needed; meal and nutritional counseling.

Is this provided through a federal waiver? No.

Program eligibility criteria: Program services frail elders and other adults with physical or mental impairments whose impairments affect activities of daily living, but are not so disabling as to require 24-hour care.

Other client characteristics: The number and type of services provided to any single individual is based on assessments by the Center's multidisciplinary team.

Is enrollment capped? No

Geographic availability: 229 locations, but not in all counties.

FY 2001 (July 2000-June 2001) total program caseload (total individuals served during the year): 15,464 Medi-Cal participants. 1,290 private pay participants.

Other State departments this program interfaces with: Department of Health Services and Veterans Affairs.

Does this program serve a significant portion of clients under age 18? No

Funding Sources: ADHC providers are reimbursed by Medi-Cal for the ADHC services they have provided to beneficiaries. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding. Funding for services to non-Medi-Cal participants comes from private payment, contracts with Veterans Affairs and managed care plans, long-term

Long Term Care **Inventory 8**

care insurance, scholarship grants, and fundraising efforts for participants who cannot pay full fees.

Total Program Expenditures (2000/2001): \$117,735,000

Long Term Care **Inventory 9**

Department of Aging

Older Americans Act Title IIIB - Adult Day Care/Health Care

Brief Program Description: Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day.

What services are provided? Typically include social and recreational activities, training, counseling, and meals for adult day care, and services such as rehabilitation, skilled nursing and social services for adult day health care.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through program. Licensed facilities are for adults 18 years and older.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 2,800 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: State General Fund – 2.9%. Federal Funds (Older Americans Act, Title IIIB) – 12.1%. Local Funds – 85%.

Total Program Expenditures (2000/2001): \$9,247,0333

Department of Aging

Alzheimer's Day Care Resource Center (ADCRC)

Brief Program Description: Prevent premature or inappropriate institutional placement of persons with moderate to severe levels of impairment to Alzheimer's Disease and/or related dementia through the provision of specialized day care services; provide support and respite for caregivers; serve as models of optimum type and level of day care services needed by people with dementia; make training opportunities for professions providing care and treatment for dementia population; and increase public awareness and knowledge about Alzheimer's Disease and related dementia. Program expansion in 1998-99 and 1999-00 have resulted increasing the number of centers from 36 to 53.

What services are provided? Participant care is designed to meet the specific physical, emotional and mental abilities and needs of those with dementia. Caregivers receive respite and support services such as counseling, training, resource materials and support groups to help prevent premature or inappropriate institutional placement. If placed in a licensed adult day services program, the required service level is dictated by the licensure category, and could range from supervision and personal care to skilled nursing, social services and therapy services, a daily meal and transportation, as necessary.

Is this provided through a federal waiver? No

Program eligibility criteria: Program is designed for individuals with Alzheimer's Disease or related dementia, without regard to age or income.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Fifty-three Centers.

FY 2001 (July 2000-June 2001) total program caseload (total individuals served during the year): 3,903 clients.

Other State departments this program interfaces with: Departments of Health Services, Social Services, and Mental Health.

Does this program serve a significant portion of clients under age 18? No

Funding sources: State General Fund – 33.2%. Local Funds – 66.8%

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Total Program Expenditures (2000/2001): \$12,925,912

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Long Term Care **Inventory 12**

Department of Aging

Linkages

Brief Program Description: Designed to prevent or delay the premature or inappropriate institutionalization of frail older persons and adults 18 years of age or older with disabilities. Includes client care management as well as comprehensive information and assistance regarding appropriate community resources. Program expansion in 1998-99 and 1999-00 have resulted increasing the number of sites from 13 to 36.

What services are provided? In-home assessment; care planning; brokerage of existing community services (e.g. transportation, meals, in-home support services, housing assistance and day care). In addition, Linkages focuses on obtaining assistive devices, medical equipment and special communications devices, in order to maximize individual independence and reduce the need for more costly alternatives.

Is this provided through a federal waiver? No.

Program eligibility criteria: Frail, older persons and adults 18 years of age and older with disabilities. Participants may or may not be eligible for Medi-Cal.

Other client characteristics: All clients served must be in need of case management assistance.

Is enrollment capped? No.

Geographic availability: Thirty-six sites; not statewide.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 5,374 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: State General Fund – 90.7%; Local Funds – 9.3%

Total Program Expenditures (2000/2001): \$9,060,016

March 7, 2003

Department of Aging

Multipurpose Senior Services Program (MSSP)

Brief Program Description: MSSP provides both social and health case management for frail elderly clients who are able to remain in their own homes and communities. The goal of the program is to use available community services to prevent or delay institutionalization. The program does this through provision of various social and health resources for frail, older individuals to maintain independent living for those with the capacity to do so. Expansion beginning in FY 00-01 increased MSSP to 9,300 slots and FY 01-02 to 11,789 slots.

What services are provided? Among the services provided through this program are adult day care, housing services, homemaker chore, personal care, case management, respite, transportation, meal services, protective services, and communication services.

Is this provided through a federal waiver? Yes. Medicaid Title 1915 (c) Home and Community Based Services Waiver.

Program eligibility criteria: All recipients must be 65 years of age and older; eligible for Medi-Cal without a share of cost; qualify for placement in a nursing facility based on Medi-Cal criteria; able to be served within the program's cost limitations; living in a site's service area; and appropriate for care management services.

Other client characteristics: All clients served must be in need of case management assistance, e.g., the client cannot (and there is no caregiver to) make arrangements for needed services.

Is enrollment capped? Yes. Current waiver for FY 00-01 is capped at 9,300 client slots.

Geographic availability: Forty-one sites statewide.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 12,070 clients.

Other State Departments this program interfaces with: Departments of Health Services and Social Services.

Does this program serve a significant portion of clients under age 18? No.

Long Term Care **Inventory 14**

Waiting Lists: There were 1,249 people on the waiting list on 12/31/02 with an average wait of 3 – 6 weeks.

Funding Source(s): MSSP providers are reimbursed by Medi-Cal for the MSSP services they have provided to participants. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000/2001): \$32,926,378

Department of Aging

Older Americans Act Title IIIB – Assisted Transportation

Brief Program Description: Provision of means of transportation, including escort, for a person who has difficulties (physical or cognitive) using regular vehicular transportation.

What services are provided? Assistance, by trained staff, in getting in and out of homes, transportation vehicles, and the facilities to which the individual is being transported.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through the program.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 4,204 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): State General Fund – 0.3%. Federal Funds (Older Americans Act Title IIIB) – 6.7%. Local Funds – 93%.

Total Program Expenditures (2000/2001): \$4,867,252

Department of Aging

Older Americans Act Title IIIB - Case Management

Brief Program Description: Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.

What services are provided? Activities of case management include assessing needs, developing care plans, authorizing services. Arranging services, coordinating the provision of services among providers, follow-up and reassessment as required.

Is this provided through a federal waiver? No.

Program eligibility criteria: 60+ years of age with physical and/or cognitive limitations requiring assistance.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 15,611 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): State General Fund – 0.9%. Federal Fund (Older Americans Act Title IIIB) – 42.3%. Local Funds – 56.8%.

Total Program Expenditures (2000/2001): \$7,349,011

Department of Aging

Older Americans Act Title IIIB Chore

Brief Program Description: Provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

What services are provided? Provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through the program.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 1,283 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): State General Fund – 0.9%. Federal Funds (Older Americans Act Title IIIB) – 59.6%. Local Funds – 39.5%.

Total Program Expenditures (2000/2001): \$715,521

Department of Aging

Older Americans Act Title IIIB – Homemaker

Brief Program Description: Provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

What services are provided? Provision of assistance with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through the program.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 7,593 clients.

Other State Departments this program interfaces with: None

Does this program serve a significant portion of clients under age 18? No

Funding Source(s): State General Fund – 1.0%. Federal Funds (Older Americans Act Title IIIB) – 52.6%. Local Funds – 46.4%.

Total Program Expenditures (2000/2001): \$5,165,208

Department of Aging

Older Americans Act Title IIIB – Personal Care

Brief Program Description: Provision of personal assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating dressing, bathing, toileting, and transferring in and out of bed/chair, or walking.

What services are provided? Provision of personal assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating dressing, bathing, toileting, and transferring in and out of bed/chair, or walking.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through the program.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 5,267 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): State General Fund – 0.6%. Federal Funds (Older Americans Act Title IIIB) – 36.6%. Local Funds – 62.8%.

Total Program Expenditures (2000/2001): \$4,398,101

Department of Aging

Older Americans Act Title IIIC – Nutrition, Home-Delivered

Brief Program Description: Provision, to an eligible client or other eligible participant at the client's place of residence, of a meal which complies with the Dietary Guidelines for Americans (published by the Secretaries of the US Departments of Health and Human Services and Agriculture) which provides a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA).

What services are provided? Meals/services are prepared and delivered by paid and/or volunteer staff.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age and assessed for problems and needs that can be met through the program.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 69,100 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): State General Fund – 9.7%. Federal Funds (Older Americans Act Title IIIC) – 34.1%. US Department of Agriculture – 10.4%. Local Funds – 45.8%.

Total Program Expenditures (2000/2001): \$\$56,948,966

Department of Aging

Older Americans Act Title IIIC – Nutrition, Congregate

Brief Program Description: (A) Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, of a meal which complies with the Dietary Guidelines for Americans (published by the Secretaries of the US Department of Health and Human Services and (B) provides a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowance (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

What services are provided? Meals, socialization activities, nutrition education and nutrition.

Is this provided through a federal waiver? No.

Program eligibility criteria: Participants must be 60+ years of age, without regard to income.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Statewide, although actual community availability may be limited by local priorities and available funds.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 158,000 clients.

Other State Departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No

Funding Source(s): State General Fund – 5.7%. Federal Funds (Older Americans Act Title IIIC) – 32.6%. US Department of Agriculture – 7.5%. Local Funds – 54.2%.

Total Program Expenditures (2000/2001): \$68,293,903

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Department of Aging

Office of State Long-term Care Ombudsman

Brief Program Description: Investigation of complaints of elder abuse on behalf of the elderly and protection of the rights, health and safety of older residents in long-term care facilities. Complaints range from ones of theft or loss of personal possessions (including laundry) to those involving physical, emotional, or fiduciary abuse.

What services are provided? Ombudsmen are charged with investigating complaints, attempting to resolve complaints by mediation between patients, family members or conservators, and staff of the particular facility. Cases in which there is the probability of elder abuse are referred to local investigative and law enforcement authorities.

Is this provided through a federal waiver? No.

Program eligibility criteria: N/A

Other client characteristics: None.

Is enrollment capped? No.

Geographic availability: Statewide.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): 171,415 clients.

Other State Departments this program interfaces with: Department of Health Services, Licensing and Certification; Department of Social Services, Community Care Licensing; Department of Developmental Services; and Department of Justice.

Does this program serve a significant portion of clients under age 18? No.

Funding Source(s): Federal Fund – 25%. General Fund – 41%. Local funds – 34%.

Total Program Expenditures (2000/2001): \$8,755,191

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Department of Aging

Older Americans Act Title III E –Family Caregiver Support Program

Brief Program Description: The intent of the Family Caregiver Support Program is to develop community-based systems of care to assist caregivers of seniors to assure that they can remain as independent as possible and to provide assistance to senior grandparents caring for grandchildren.

What services are provided? Information to caregivers about available services. Assistance to caregivers in gaining access to the services. Individual counseling, organization of support groups, and caregiver training to caregivers to assist them in making decisions and solving problems relating to their care giving roles. Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities. Supplemental services, on a limited basis, to complement the care provided by caregivers.

Is this provided through a federal waiver? No.

Program eligibility criteria: A family caregiver must be 18 years of age or over and caring for an individual 60 or older and meet the definition of “frail” due to one or more types of functional impairment. A grandparent or older individual who is a relative caregiver must be 60 or older, living with the child who is not more than 18 years of age, be the primary caregiver because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers(s), and have a legal relationship to the child.

Other client characteristics: None.

Is enrollment capped? No.

Geographic availability: Statewide.

FY 2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): N/A

Other State Departments this program interfaces with: Department of Mental Health (Caregiver Resource Centers)

Does this program serve a significant portion of clients under age 18? No

Funding Source(s): Federal Funds – 100%

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Total Program Expenditures (2000/2001): \$19,453,000

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Department of Developmental Services

Developmental Centers and State Residential Facilities

Brief program description: These facilities provide services to individuals who have been determined by regional centers to require programs, training, care, treatment and supervision in a structured health facility setting on a 24-hour basis. The five developmental centers are licensed as certified acute care hospitals and serve individuals with developmental disabilities in distinct part licensed and certified as Nursing Facility (NF) and Intermediate Care Facility/Mentally Retarded (ICF/MR) services. The two smaller facilities are licensed as ICF/MR facilities.

These facilities provide intensive training and supervision to individuals whose needs cannot readily be met by available private community-based services. They provide services to persons referred from a regional center or committed through the judicial system. Admission to one of these facilities requires a court order, and the individual must also meet stringent admission criteria. Most individuals admitted in recent years have been persons committed by the courts because their behavior in the community led to involvement with the criminal justice system.

As facilities that provide 24-hour services, these facilities deal with all aspects of the individuals' lives. This includes everything from residential services to skill training, specialized health-care and other therapies to leisure and recreational opportunities.

What services are provided: Their primary mission is to provide habilitation and training services that are designed to increase residents' levels of independence and functioning skills, ability to control their environment, and ability to live in community settings. These services are supplemented, as needed, with medical, dental, nursing and a wide variety of other specialized services such as physical therapy, occupational therapy, speech therapy and language development. Persons admitted through the judicial system receive training on the skills and competency necessary to live successfully in the community. Individuals with medical conditions receive special supervision and medical and nursing care in NF units. A full-range of behavior intervention and behavior-skills training services are available for persons who need them. If able to participate, residents under age 22 attend school either in community schools or in developmental center classes. Adult individuals participate in a wide variety of vocational, and skill-development programs either on the grounds or in the community if appropriate. All individuals are given the opportunity to participate in a variety of recreational activities and leisure pursuits.

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Is this provided through a federal waiver? No

Program eligibility criteria: Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: This service for a person with a developmental disability is agreed upon in the consumer's individual program plan and as the most appropriate least restrictive residential setting to meet the needs of the consumer.

Is enrollment capped? No

Geographic availability: Programs are located statewide.

Total programs caseload as of 2000-2001(total individuals served during the year): 3,798

Other state departments this program interfaces with: Department of Health Services.

Does this program serve a significant portion of clients under age 18? No

Funding sources: State and Federal funds

Total Program Expenditures (2000/2001): \$642,584,714

Department of Developmental Services

Alternative Residential Model (ARM)

Brief program description: This program oversees the licensed community care facilities that serve individuals with developmental disabilities. It develops the regional center rate supplement that regional centers pay beyond SSI to residential providers for services and supports to regional center consumers.

What services are provided: Facilities under this program provide residential services to both children and adults with developmental disabilities. The Department's function includes rate development, approval of rate exceptions, and resolving placement issues.

Is this provided through a federal waiver? Yes. Consumers who reside in ARM facilities may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services through the waiver.

Program eligibility criteria: Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: The residence in an ARM facility has been agreed upon in the consumer's individual program plan (IPP) as the most appropriate and least restrictive placement to meet the consumer's needs.

Is enrollment capped? There is no cap on the number of consumers who may reside in ARM facilities in the state. The total HCBS waiver cap is 46,447, which includes individuals with developmental disabilities in a variety of out-of-home living arrangements.

Geographic availability: Available statewide.

FY 2000-01 (July 2000-June 31, 2001) total program caseload (total individuals served during the year): 21,025.

Other state departments this program interfaces with: Department of Social Services, Community Care Licensing.

Does this program serve a significant portion of clients under age 18? Yes (28%)

Funding sources: The rates for ARM are 44% GF and 56% waiver funded (waiver split is 51.36% federal/48.64% GF)

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Total Program Expenditures (2000/2001): \$453,011,000

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Department of Developmental Services

Supportive Living Services (SLS)

Brief program description: SLS, are paid for by regional centers and provided by a SLS vendor to assist consumers efforts to: (a) live in their own home; (b) participate in community activities to the extent appropriate given the consumer's interests and capacity; and (c) realize their individual potential to live integrated, normal and productive lives.

What services are provided? The following types of services are provided: personal support (e.g., eating, dressing, bathing, house cleaning, medical appointments, etc.); training and habilitative services (e.g., finding a home/roommate, transportation use, community access, budgeting and bill paying, self advocacy, etc.); and 24-hour emergency assistance (e.g., securing and using emergency notification equipment, etc.)

Is this provided through a federal waiver? Yes. HCBS waiver.

Program eligibility criteria: N/A.

Other client characteristics: N/A.

Is enrollment capped? Although the HCBS waiver is currently capped at 46,44745,094 beneficiaries, there is no cap on this service. Services will be paid through the waiver or with regional center purchase of service funding.

Geographic availability: This program is available through a network of regional centers and regional center providers.

FY 2000-2001, number of clients receiving SLS for the entire year (total individuals served during the year): 4,494 clients.

Other state departments this program interfaces with: Departments of Health Services, Mental Health, Rehabilitation, and Social Services.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: 72% GF and 28% waiver funds. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Long Term Care **Inventory 30**

Total Program Expenditures: \$87,299,073

March 7, 2003

Department of Developmental Services

Other Community-based Services provided to developmentally disabled

Brief program description: IHSS is provided to those who otherwise might be placed in an out-of-home care facility but who can safely remain in their own home if IHSS services are received. Persons who receive services from a regional center and are eligible for IHSS are expected to use IHSS services available to them. Each county administers the In-Home Supportive Services (IHSS) program with oversight by the California Department of Social Services (CDSS).

Respite (In-Home) Services means intermittent or regularly scheduled temporary non-medical care and/or supervision provided in the person's home.

In-Home Respite services are support services, which typically include:

- Assisting the family members to enable a person with developmental disabilities to stay at home;
- Providing appropriate care and supervision to protect that person's safety in the absence of a family member(s);
- Relieving family members from the constantly demanding responsibility of providing care; and
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member.

Respite (Out-of-Home) Services are provided in licensed residential facilities.

Transportation is provided by a variety of sources including: public transit and other providers; specialized transportation companies; day programs and/or residential vendors; and family members, friends, and others. Transportation services may include help in boarding and exiting a vehicle as well as assistance and monitoring while being transported.

What services are provided?

In-Home Supportive Services (IHSS) provides personal care and domestic services to persons who are aged, blind or disabled and who live in their own homes. Respite services typically are obtained from a respite vendor, by use of vouchers and/or alternative respite options. Vouchers are a means by which a family may choose their own service provider directly through a payment, coupon

Long Term Care **Inventory 32**

or other type of authorization. Transportation services are provided so persons with a developmental disability may participate in programs and/or other activities identified in the IPP.

Is this provided through a federal waiver? Consumers who utilize Respite (In-Home) Services and/or Transportation Services may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services through the waiver.

Program eligibility criteria: Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: This service for a person with a developmental disability is agreed upon in the consumer's individual program plan as the most appropriate residential setting to meet the needs of the consumer.

Is enrollment capped? No

Geographic availability: Program is available statewide.

Total program caseload as of FY 2000-2001 (total individuals served during the year): 43,917 consumers of Respite (In-Home) Services

Other state departments this program interfaces with:

Does this program serve a significant portion of clients under age 18?

Funding sources: The rates for Respite (In-Home) Services are 83% GF and 17% waiver funded, and the rates for Transportation Services are 80% GF and 20% waiver funded. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding

Total Program Expenditures (2000/2001): Respite (In-Home) Services -- \$110,376,016; Transportation Services -- \$127,283,369

Department of Developmental Services

Independent Living

Brief program description: Independent Living is a service provided to adults with developmental disabilities that offers functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Individuals typically live alone or with roommates in their own homes or apartments. These homes are not licensed.

What services are provided: Independent living programs, which are vendored and monitored by regional centers, provide or coordinate support services for individuals in independent living settings. They focus on functional skills training for adults who generally have acquired basic self-help skills or who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs.

Is this provided through a federal waiver? Yes. Consumers who reside in independent living settings may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services through the waiver.

Program eligibility criteria: Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: This service for a person with a developmental disability is agreed upon in the consumer's individual program plan as the most appropriate residential setting to meet the needs of the consumer.

Is enrollment capped? No

Geographic availability: Program is available statewide.

Total program caseload as of FY 2000-2001 (total individuals served during the year): 10,908

Other state departments this program interfaces with:

Does this program serve a significant portion of clients under age 18? No

Long Term Care **Inventory 34**

Funding sources: Independent Living Program services are a subgroup of Day Programs services. The rates for Day Programs are 58% GF and 42% waiver funded. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures: \$53,299,682

Department of Developmental Services

Family Home Agency

Brief program description: The FHA is a private, nonprofit organization under contract to, and vendorized by a regional center. FHAs are responsible for recruiting, training, approving and monitoring family homes, as well as providing ongoing support to family homes. Social service staff employed by the FHA make regular visits to the family home to ensure that necessary services and supports are in place, and that the match between the family and the new family member is viable, and continues to be viable. FHA and family home services and supports are a new option, which enables adults with developmental disabilities to enter into partnerships with families that promote self-determination and interdependence.

What services are provided? A Family Home Agency (FHA) approves family homes, which offer the opportunity for up to two adult individuals with developmental disabilities per home to reside with a family and share in the interaction and responsibilities of being part of a family. The individual with developmental disabilities receives the necessary service and supports from the family, agencies and the community to enable the individual to be a participating member of the family and the community where the family resides. The family home arrangement allows the sharing of food, shelter, experience, responsibilities and love.

Is this provided through a federal waiver? Yes. Consumers who reside in FHAs may be certified as eligible for the Medicaid Home and Community-Based Services Waiver and the funding of their services through the Waiver.

Program eligibility criteria: Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: This service for a person with a developmental disability is agreed upon in the consumer's individual program plan as the most appropriate residential setting to meet the needs of the consumer.

Is enrollment capped? No

Geographic availability: Program is available through a network of regional centers and regional center providers.

Total program caseload as of FY 2000-2001(total individuals served during the year): 167

Long Term Care **Inventory 36**

Other state departments this program interfaces with: None

Does this program serve a significant portion of clients under age 18? No

Funding sources: Costs for consumers in FHAs are approximately 44% General Fund (GF) and 56% Waiver funded (Medi-Cal). Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000/2001): \$4,943,745

Department of Developmental Services

Adult Day Activity Programs

Brief program description: Adult Day Activity Programs include: Adult Day Centers, Day Activity Centers, and Behavior Management Day programs. These are community-based programs for persons with developmental disabilities served by a regional center. Day program services may be at a fixed location or integrated into the community. There are many different types of day programs that provide a diverse range of opportunities for persons with developmental disabilities.

What services are provided: Types of services available through a day program include: Developing and maintaining self-help and self-care skills; developing the ability to interact with others, making one's needs; known and responding to instructions; developing self-advocacy and employment skills; developing community integration skills such as accessing; community services; behavior management to help improve behaviors; and developing social and recreational skills.

Is this provided through a federal waiver? Yes. Consumers who participate in day activity programs may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services through the waiver.

Program eligibility criteria:. Must be a person with a developmental disability as defined in the Lanterman Developmental Disabilities Services Act and be a client of a regional center for the developmentally disabled.

Other client characteristics: This service for a person with a developmental disability is agreed upon in the consumer's individual program plan as the most appropriate residential setting to meet the needs of the consumer.

Is enrollment capped? No

Geographic availability: Program is available statewide.

Total program caseload as of FY 2000-2001 total individuals served during the year: 32,803

Other state departments this program interfaces with: Department of Social Services, Community Care Licensing.

Long Term Care **Inventory 38**

Does this program serve a significant portion of clients under age 18? No

Funding Sources: State and Federal funds

Total funding expenditures (2000/2001): \$332,302,234

Department of Health Services

AIDS Case Management Program (CMP)

Brief program description: Provides comprehensive home and community based case management to persons with AIDS or symptomatic HIV in lieu of placement in a nursing facility or hospital. The purpose of the program is to maintain clients in their homes and avoid costly hospitalizations.

What services are provided? Case management (nurse and social worker); skilled nursing; benefits counseling; psychosocial counseling; infusion therapy; DME; non-emergency transportation; attendant care; homemaker; nutritional counseling; food supplements; housing assistance; hospice care.

Is this provided through a federal waiver? No.

Program eligibility criteria: Diagnosis: adults with AIDS or symptomatic HIV who have a rating on the Cognitive and Functional Ability Scale of 70 or less, and HIV positive children at any state. There are no income criteria.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: 42 sites (community-based organizations or local government entities) serving 50 counties.

FY 2000-011 (July 2000-June 31, 2001) total program caseload (total individuals served during the year): 1,835 clients served.

Other state departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: Ryan White CARE Act: Title II (22%); State General Funds (78%).

Total Program Expenditures (Calendar Year 2001): \$8,310,322

Department of Health Services

AIDS Medi-Cal Waiver (MCWP)

Brief program description: Provides comprehensive nurse case management; home and community based care to persons with mid- to late-stage HIV/AIDS. Services provided in lieu of placement in nursing facility or hospital to maintain clients in their homes.

What services are provided? Case management (team of nurse and social worker); attendant care; homemaker; skilled nursing; benefits counseling; psychosocial counseling; infusion therapy; DME; non-emergency transportation; nutritional counseling and nutritional supplements; Medi-Cal supplements for infants and children in foster care.

Is this provided through a federal waiver? 1915(c) Federal Waiver

Program eligibility criteria: Diagnosis: AIDS or symptomatic HIV; Nursing facility level of care or above; adults: rating on the Cognitive and Functional Ability Scale of 60 or less; children: meet criteria based on CDC system. Must be on Medi-Cal.

Other client characteristics: Cannot be on AIDS Case Management Program or Medi-Cal.

Is enrollment capped? 3,100 clients.

Geographic availability: 33 agencies (community-based organizations or local government) serving 53 counties.

FY 2000-011 (July 1, 2000-June 30, 2001) total program caseload (total individuals served during the year): 2,831 clients.

Other state departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Waiting Lists: There is no waiting list.

Funding sources: 100% Medi-Cal. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding

Long Term Care **Inventory 41**

Total Program Expenditures (Calendar year 2001): \$8,278,745

March 7, 2003

Department of Health Services

Alzheimer's Disease Diagnostic & Treatment Centers ADDTC'S)/Alzheimer's Disease Program (ADP)

Brief Program Description: The Alzheimer's Disease Program (ADP) administers ten Alzheimer's Disease Research Centers of California (ARCCs) at academic medical centers throughout the state. These Centers are charged with conducting clinical research into interventions that will improve the diagnosis, treatment, and care of persons with dementing illnesses; translating successful interventions into new community and medical settings; and providing training and education to healthcare professionals and students, caregivers, and the general public.

What services are provided? The Centers are also required to support a patient base that will sustain their research and teaching missions. Each Center is mandated to perform comprehensive, standardized assessments and data collection on a minimum of 100 patients each year. Some type of follow-up for each person evaluated is also mandatory. In addition to providing medical, neurological, psychological and psychosocial evaluations, the ARCCs may also provide in-home assessments, family conference and treatment planning, information and referral to community health and social services, and support groups for caregivers. Following the assessment by the ARCC, the patient is referred back to the primary care physician for ongoing care and management.

Is this provided through a federal waiver? No

Program eligibility requirements: Any individual with symptoms of memory loss, disorientation and confusion may contact the centers for an evaluation. Individuals may be self-referred or referred by family, private physician or community agency.

Other client characteristics:

Is enrollment capped (the number of people that can be served at any one time)?

2001 (July 2000 – June 2001) total program caseload (total individuals served during the year): evaluated 1,549 patients and performed follow-up reevaluations on 1,906 patients.

Other State departments this program interfaces with: Communicate and meet regularly with Department of Aging on DHS Gerontology programs, with the Department of Social Services and Mental Health.

Long Term Care **Inventory 43**

Does this program serve a significant portion of clients under age 18? No

Funding Sources: The ARCCs are supported through the State General Fund. None of the funds are directly budgeted by the Centers for patient services. Rather, the funding covers a substantial portion of the professional staff time (neurologists, psychiatrists, neuropsychologists, nurses, social workers, clinic managers, etc.) necessary to support the ARCC diagnostic, treatment, and research-related activities as well as a wide range of services needed by the families of persons with dementing illnesses. Most of the costs of the patient evaluations and services are covered by insurance. Medicare, Medi-Cal and supplemental or private insurance are accepted by the Centers. Some medical centers will provide financial assistance to patients who are unable to pay for fees not covered by insurance. Two of the ARCCs are located at Veterans Administration Medical Centers where there is no charge to the patient. Patients participating in clinical drug trials may have some or all of their costs covered by pharmaceutical companies.

Total Program Expenditures (2000/2001): NA

Department of Health Services

County Organized Health Systems (COHS)

Brief program description: The COHS provides Medi-Cal services to nearly all beneficiaries in Santa Cruz County, Monterey County, San Mateo County, Orange County, Napa County, and Santa Barbara County. Institutional long term care is capitated in specific counties based on contractual agreements with the Department.

What services are provided? In COHS counties that receive capitation for long term care services, the COHS pays the long term care daily facility rate. This includes room and board and ancillary services. For those COHS counties that do not receive capitation for long term care services, eligible beneficiaries would receive all other medical services and certain ancillary services. Ancillary services include non-emergency medical transportation, durable medical equipment, prosthetics, hearing aids, therapy, and dialysis.

Is this provided through a federal waiver? All COHS operate pursuant to a Section 1915(b) federal waiver as Medicaid County Organized Health Insuring Organizations.

Program eligibility criteria: To participate in a COHS long term care program, a beneficiary must be in a COHS designated county, be Medi-Cal eligible, and meet the Plan's criteria for long term care.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: A full range of Medi-Cal acute and long-term care services are capitated and provided in Monterey, Orange, Santa Cruz, Solano, Napa, Santa Barbara, and Solano counties. The COHS in San Mateo does not currently cover long-term care facility charges, but does pay for medical services for members who reside in such facilities.

FY 2001 (July 2000-June 2001) total program caseload (total individuals served during the year): These data are not available.

Other state departments this program interfaces with: Department of Developmental Services.

Does this program serve a significant portion of clients under age 18? No.

Long Term Care **Inventory 45**

Funding sources: The COHS Plans are Medi-Cal funded. Medi-Cal is funded at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000/2001): \$1,172,954,825

Department of Health Services

Developmentally Disabled Services (DDS) Waiver

Brief program description: Home and community-based services including nursing, personal care, and other services enabling developmentally disabled beneficiaries to remain at home.

What services are provided? An array of community-based services is provided. Institutional deeming rules are available for those who are medically eligible, but who would otherwise not be eligible for Medi-Cal in the community.

Is this provided through a federal waiver? Yes, DDS Waiver (HCBS).

Program eligibility criteria: Medi-Cal eligibles that are developmentally disabled and are regional center clients.

Other client characteristics: Services must be medically necessary.

Is enrollment capped? Yes, 46,447 currently.

Geographic availability: Statewide through network of regional centers and regional center vendors.

FY 2001-02 (July 1, 2001-June 30, 2002) total program caseload (total individuals served during the year): 44,205 clients.

Other state departments this program interfaces with: Department of Developmental Services, Department of Social Services, and Department of Rehabilitation, by Interagency Agreement.

Does this program serve a significant portion of clients under age 18? Yes.

Funding sources: Medi-Cal waiver. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000/2001): \$678,862,401

Department of Health Services

Subacute Care Services

Brief program description: Medically necessary inpatient services beyond the capability of the nursing facility level of care through a system of provider contracts.

What services are provided? Inpatient nursing facility care at the subacute level providing tracheostomy care with suctioning and room air mist or oxygen and/or continuous mechanical ventilation; continuous IV therapy; tube feeding; inpatient physical therapy (PT), occupational therapy (OT), and/or speech therapy (SP); inhalation therapy; debridement, packing and medicated irrigation with or without whirlpool treatment.

Is this provided through a federal waiver? No.

Program eligibility criteria: The patient meets Medi-Cal eligibility criteria for nursing facility care; the patient's medical criteria is that the patient's condition warrants 24-hour nursing care by a registered nurse; and tracheostomy care as listed above; and administration of any three of these items: IV therapy, tube feeding, inhalation therapy, inpatient PT, OT or SP therapy, and debridement.

Other client characteristics: None.

Is enrollment capped? No.

Geographic availability: The program is available throughout the state by contracting with DHS. Any Distinct Part or Free-standing Nursing Facility throughout the State of California may contract with DHS for these services. Current contracts exist in the following areas: Sacramento, Bay Area, Los Angeles, San Bernardino, Orange, San Diego and Fresno. There are a total of 93 subacute providers in FY 2002.

FY 2001 (July 2000 to June 2001) total program caseload (total individuals served during the year): FY 2000 approximately 2500 beds. FY 2002 = 2787 beds

Other state departments this program interfaces with: Department of Developmental Services.

Does this program serve a significant portion of clients under age 18? Of 2787 beds, 246 beds serve pediatric patients.

Long Term Care **Inventory 48**

Funding sources: Medi-Cal funded. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000.2001): \$243,130,146

Department of Health Services

HCBS In-Home Medical Care (IHMC) Waiver

Brief program description: A program, which provides an array of services to assist individuals in being maintained in their home as an alternative to care in a hospital.

What services are provided? Includes skilled nursing care, certified home health aide services, environmental accessibility adaptations and utility coverage for life sustaining medical equipment.

Is this provided through a federal waiver? Yes, Section 1915(c) HCBS waiver.

Program eligibility criteria: Serves physically disabled Medi-Cal eligible individuals. Medi-Cal eligibility is determined using the regular deeming rules with or without a share of cost. Approved services must meet cost neutrality requirements as outlined in the waiver document.

Other client characteristics: Individuals may reside in congregate living settings as outlined in the waiver.

Is enrollment capped? Yes. FY 2001 - 150 clients; FY 2002 – 200 clients.

Geographic availability: Statewide.

FY 2001 (July 2000 to June 2001) total program caseload (total individuals served during the year): 29

Other state departments this program interfaces with: None

Does this program serve a significant portion of clients under age 18? No

Waiting List: There is no waiting list for this waiver.

Funding sources: Medi-Cal funding. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (1999/2000): \$2,714,638

Department of Health Services

Nursing Facility-A (NF-A) & Nursing Facility-B (NF-B) (Institutional)

Brief program description: Services provided as an inpatient in a health care facility, certified by the state to be at NF-A or NF-B level of need.

What services are provided? Inpatient 24-hour nursing and other services

Is this provided through a federal waiver? No. This is a Medi-Cal State Plan benefit.

Program eligibility criteria: Medi-Cal categorically or medically eligible and must meet level of care criteria set by the State. Also available to Medicare eligibles and to individuals who pay with private resources

Is enrollment capped? No, but inpatient beds may be limited based on licensed provider availability in a given area.

Geographic availability: Statewide, based on licensed provider availability.

FY 2001 (July 2000 to June 2001) total program caseload (total individuals served during the year): The average monthly caseload was 65,866.

Other state departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: Medi-Cal: Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding. For some, Medicare pays for limited nursing facility benefits. Other NF residents may have private resources, long term care insurance, pensions and/or family resources.

Total Program Expenditures (2000/2001): \$2,492,455.691

Department of Health Services

Intermediate Care Facilities /DD

Brief program description: These facilities provide developmental, training, habilitative, and supportive health services to children and adults with developmental disabilities who have a primary need for developmental services, and a recurring, but intermittent need for skilled nursing services. These facilities are 16 beds or larger. The Department of Developmental Services role in this program is to approve the program plans for persons who wish to provide ICF/DD services; provide technical assistance and consultation to new and existing providers and liaison with the Department of Health Services on such issues as licensing and Medi-Cal certification issues.

What services are provided? (See description above.)

Is this provided through a federal waiver? No.

Program eligibility criteria: Medi-Cal eligibles that are developmentally disabled and are regional center clients.

Is enrollment capped? No

Other client characteristics: Services must be medically necessary.

Geographic availability: Statewide through network of regional centers and regional center providers.

FY 2001 (July 1, 2000-June 30, 2001) total program caseload: 1210

Other state departments this program interfaces with: Department of Health Services Licensing and Certification Division

Does this program serve a significant portion of clients under age 18? No (8%)

Funding sources: Medi-cal funded. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures: \$321,907,000

Department of Health Services

Intermediate Care Facilities /Developmentally Disabled-Habilitation (ICF/DD-H)

Brief program description: These facilities provide personal care, developmental training, habilitative and supportive health services in the least restrictive community setting, to children and adults with developmental disabilities who have a primary need for developmental services, and an ongoing, predictable, but intermittent need for skilled nursing services. These facilities are 4 to 15 beds. The Department of Developmental Services role in this program is to approve the program plans for persons who wish to provide ICF/DD services; provide technical assistance and consultation to new and existing providers and liaison with the Department of Health Services on such issues as licensing and Medi-Cal certification issues.

What services are provided? (See description above.)

Is this provided through a federal waiver? No.

Program eligibility criteria: Medi-Cal eligibles that are developmentally disabled and are regional center clients.

Is enrollment capped? No

Other client characteristics: Services must be medically necessary.

Geographic availability: Statewide through network of regional centers and regional center providers.

FY 2001-02 (July 1, 2001-June 30, 2002) total program caseload: 4,415

Other state departments this program interfaces with: Department of Health Services Licensing and Certification Division

Does this program serve a significant portion of clients under age 18? No

Funding sources: Medi-Cal funded. Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures: \$214,587,915

Department of Health Services

Intermediate Care Facilities /Developmentally Disabled-Nursing (ICF/DD-N)

Brief program description: These facilities provide nursing supervision, personal care, developmental training, habilitative and supportive health services in the least restrictive community setting to medically fragile adults and children with developmental disabilities who have a primary need for developmental services, and a recurring, but intermittent, need for skilled nursing services not available through other 4-to-15 bed health facilities. The Department of Developmental Services role in this program is to approve the program plans for persons who wish to provide ICF/DD services; provide technical assistance and consultation to new and existing providers and liaison with the Department of Health Services on such issues as licensing and Medi-Cal certification issues.

What services are provided? (See description above.)

Is this provided through a federal waiver? No.

Program eligibility criteria: Medi-Cal eligibles that are developmentally disabled and are regional center clients.

Is enrollment capped? No

Other client characteristics: Services must be medically necessary.

Geographic availability: Statewide through network of regional centers and regional center providers.

FY 2001-02 (July 1, 2001-June 30, 2002) total program caseload: 1614

Other state departments this program interfaces with: Department of Health Services licensing and Certification Division

Does this program serve a significant portion of clients under age 18? No

Funding sources: Medi-Cal funded. Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures: \$94,780,931

Department of Health Services

HCBS Nursing Facility (NF) Waiver¹

Brief program description: A program which provides an array of services to assist individuals in being maintained in their home as an alternative to care in a Nursing Facility, Level A or Level B setting.

What services are provided? Includes private duty nursing care, certified home health aide services, environmental accessibility adaptations, personal care services and utility coverage for life sustaining medical equipment.

Is this provided through a federal waiver? Yes, Section 1915(c) HCBS waiver.

Program eligibility criteria: Serves physically disabled Medi-Cal eligible individuals. Medi-Cal eligibility is determined using either regular or special deeming rules, with or without a share of cost. Approved services must meet cost neutrality requirements as outlined in the waiver document.

Other client characteristics: Individuals may reside in congregate living settings as outlined in the waiver.

Is enrollment capped? Yes. First year 450²; increases yearly by 110 slots through December 31, 2006.

Geographic availability: Statewide.

FY 2001 (July 2000-June 2001) total program caseload (total individuals served during the year): Not available. See footnote 2 below.

Other state departments this program interfaces with: California Department of Social Services/In Home Supportive Services Program.

Does this program serve a significant portion of clients under age 18? No.

Waiting List: There are 315 on waiting list with an average 11 month wait as of December 31, 2002.

¹ Replaced by the HCBS Nursing Facility (NF), Level A and Level B Waiver

² Beginning calendar year January 2002

Long Term Care **Inventory 55**

Funding sources: Medi-Cal: Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (1999/2000): \$43,876,715

Department of Health Services

HCBS Nursing Facility Model Waiver ³

Brief program description: A program that provides an array of services to assist individuals in being maintained in their home as an alternative to care in a Subacute Nursing Facility.

What services are provided? Includes private duty nursing care, certified home health aide services, environmental accessibility adaptations, personal care services and utility coverage life sustaining medical equipment.

Is this provided through a federal waiver? Yes, Section 1915(c) HCBS waiver.

Program eligibility criteria: Serves physically disabled Medi-Cal eligible individuals. Medi-Cal eligibility is determined using either regular or special deeming rules, with or without a share of cost. Approved services must meet cost neutrality requirements as outlined in the waiver document.

Other client characteristics: Individuals may reside in congregate living settings as outlined in the waiver.

Is enrollment capped? Yes. First year 685⁴; increases yearly by 110 slots through 2005.

Geographic availability: Statewide.

FY 2001 (July 2000-June 2001) total program caseload (total individuals served during the year): Not available. See footnote 4 below.

Other state departments this program interfaces with: California Department of Social Services/In Home Supportive Services Program.

Does this program serve a significant portion of clients under age 18? No.

Waiting List: There is no waiting list for this waiver.

³ Replaced by HCBS Nursing Facility (NF) Subacute Waiver

⁴ Begins April, 2002

Long Term Care **Inventory 57**

Funding sources: Medi-Cal: Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (1999/2000): \$1,695,099

Department of Health Services

Program of All-Inclusive Care for the Elderly (PACE)

Brief program description: PACE, a nationwide model which pools Medicaid, Medicare, and private dollars, is a fully integrated managed care system for frail elderly and disabled people eligible for nursing homes.

What services are provided? The program provides comprehensive Medicare and Medi-Cal medical, social, and long-term care services in day health centers, homes, hospitals, and nursing homes. Most services are coordinated out of PACE sites (nonprofit adult day health centers) where a multidisciplinary team of specialists provide case management and other services.

Is this provided through a federal waiver: No

Program eligibility criteria: Minimum 55 years of age; certified eligible for nursing home care; resides in a defined geographic service area.

Other client characteristics: None.

Is enrollment capped? Current caps are: On Lok—1200 clients; Sutter Senior Care—280 clients; Center for Elder Independence—580 clients; AltaMed—300 clients.

Geographic availability: San Francisco (On Lok), Sacramento (Sutter Senior Care), Alameda (Center for Elder Independence, and Los Angeles (Alta Med) counties.

FY 2001 total program caseload (total individuals served during the year): Total of 1494 clients (On Lok = 880; Sutter Senior Care = 185; Center for Elder Independence = 293; AltaMed = 136)

Other state departments this program interfaces with: California Department of Aging (Adult Day Health Care Component), Department of Social Services, Community Care Licensing, California Department of Managed Health Care.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: PACE programs receive capitated payments from Medicare and Medi-Cal and/or a monthly fee from the private individual. Medi-Cal is funded at a ratio of approximately 50% federal and 50% state funding.

Long Term Care **Inventory 59**

Total Program Expenditures (2000/2001): \$42,557,768

March 7, 2003

Department of Health Services

SCAN Health Plan

Brief program description: Senior Care Action Network (SCAN) is a Social Health Maintenance Organization (SHMO) that provides a unique alternative to traditional Medicare and Medigap insurance by integrating acute care services and a limited amount of long-term care services.

What services are provided? The SCAN Social HMO provides the full range of Medicare benefits offered by standard HMOs plus additional services which include chronic care/extended home care services (if nursing home certifiable), care coordination, prescription drug benefits, chronic care benefits covering short-term nursing home care, and a full range of home and community based services such as homemaker, personal care services, adult day care, respite care, and medical transportation.

Is this provided through a federal waiver? Yes, Section 1115 Waiver.

Program eligibility criteria: Enrollees in SCAN must be 65 years old or older, have Medicare Part A & B, continue to pay the Part B premium and reside in the SCAN services area. Medicare enrollees who are also Medi-Cal eligible (receive SSI, are aged, blind, or disabled and over 65 years of age) are considered dual eligibles, and have their SCAN services paid for by Medi-Cal. Enrollees cannot have end-stage renal disease.

Other client characteristics: N/A.

Is enrollment capped? Yes, Medi-Cal enrollment is capped at 3,000 clients.

Geographic availability: Los Angeles, Riverside and San Bernardino Counties.

FY 2001 total program caseload (total individuals served during the year): 1951 clients

Other state departments this program interfaces with: California Department of Managed Health Care

Does this program serve a significant portion of clients under age 18? No.

Funding sources: Scan is primarily funded by Medicare. However, for individuals who qualify for both Medicare and Medi-Cal (dual eligibles), services

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are paid for through the Medi-Cal program. Medi-Cal is funded at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures (2000/2001): \$14,857,296

Department of Health Services

California Partnership for Long Term Care

Brief program description: Increase the number of middle-income Californians who purchase long term care (LTC) insurance coverage. Private insurance companies market policies that meet the standards and requirements established by the California Partnership. Every dollar of benefits paid out by the policy translates into an additional dollar Medi-Cal would disregard were the policyholder to apply for Medi-Cal. Program providers consumer education and agent forums on LTC risks and costs and special features of Partnership-certified policies; collects and analyzes insurer data on policyholders; and advocates for LTC insurance benefit improvements that increase consumer protection/choice.

What services are provided? Two types of policies are available: (1) Comprehensive policy that provides home and community based care; care in a residential facility; and care in a skilled nursing facility; (2) care in a residential and skilled nursing facility. Policies are purchased in terms of dollar amounts that equate to one to five years of coverage.

Is this provided through a federal waiver? No. In 1993, HCFA granted DHS a Medicaid State Plan Amendment to allow private insurance payments for residential facility care; adult day health care; and person care to count toward the Medi-Cal asset disregard.

Program eligibility criteria: Must be a California resident age 18 or over to purchase a Partnership-certified policy and meet the insurer's health underwriting criteria. The eligibility criteria for policy benefits are two out of six activities of daily living (bathing; dressing; toileting; transferring; eating; and continence) or cognitive impairment.

Other client characteristics: The program's target group is Californians age 50 – 74 years of age with assets between \$30,000 - \$250,000.

Is enrollment capped? No.

Geographic availability: Available statewide.

FY 2001 total program caseload (total individuals served during the year): As of the end of June 30, 2002, there are 34,090 Partnership policies in force. There are 591 policyholders who have qualified to receive benefits. Out of these, 361 have received benefits from the policy, with another 157.

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Other state departments this program interfaces with: California Department of Social Services, California Department of Aging, and Department of Insurance

Does this program serve a significant portion of clients under age 18? No.

Funding sources: Original program support came from a multi-year Robert Wood Johnson Foundation (RWJF) grant and federal financial participation.

Total Program Expenditures: NA

Department of Health Services

Assisted Living Waiver Pilot Program

Brief program description: The Assisted Living Waiver Program is being created in response to AB 499 (Statutes, 2000, Aroner). Welfare & Institutions Code section 14132.26 requires the Department of Health Services to test the efficacy of providing Assisted Living as a Medi-Cal benefit. There are two delivery models to be explored by the program: licensed residential care facilities and publicly funded senior and disabled housing projects. The Department is actively seeking a technical consultant to develop and implement the program with DHS oversight and management.

What services are provided? There is no definition of Assisted Living in either state or federal law. Welfare & Institution Code 14132.26 requires that the Assisted Living benefit include but not be limited to the care and supervision activities specified in Health and Safety Code section 1569.2 and in California Code of Regulations, Title 22, Section 87101, and other health-related services not otherwise available under the state plan. This statute also authorizes the Assisted Living benefit to include but not be limited to:

- Medication management
- Coordination with the primary health care provider
- Case management

Assisted living services include, but are not limited to, assistance with personal activities of daily living, including dressing, feeding, toileting, bathing, grooming, mobility, and associated tasks, to help provide for and maintain physical and psychosocial needs.

Is this provided through a federal waiver? Welfare and Institutions Code section 14132.26(a) requires the department to develop a program that requires a waiver of federal law.

Program eligibility criteria: The potential beneficiary will meet the medical criteria for admission to either a Nursing Facility (NF) level A or NF-B facility.

Other client characteristics: Yet to be determined.

Is enrollment capped? Welfare and Institutions Code section 14132.26(g) requires the Department to limit the number of program participants during the initial three years of its operation to a number that will be statistically significant

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for purposes of the program evaluation and that meets any requirements of the federal Centers for Medicare and Medicaid Services.

Geographic availability: Yet to be determined

FY 2001 total program caseload: Not applicable. Projected start date 6/1/03.

Other State Departments this program interfaces with: California Department of Social Services/Community Care Licensing and the California Department of Aging

Does this program serve a significant portion of clients under age 18? Yet to be determined

Funding sources: Medi-Cal funding. Generally speaking all Medi-Cal services are reimbursed at a ratio of approximately 50% federal and 50% state funding.

Total Program Expenditures: Not in operation

Department of Mental Health

Caregiver Resource Centers

Brief Program Description: Provide an array of services to family caregivers providing care for adult family members with chronic or degenerative brain disorders.

What services are provided? Family consultation and care planning; specialized information; counseling; support groups; psycho-educational groups; education and training; legal and financial planning; respite care; and other mental health interventions.

Is this provided through a federal waiver? No

Program eligibility criteria: Family member being cared for must be 18 years of age or over and have a chronic degenerative brain disorder.

Other client characteristics: Client is the caregiver and services are to support the caregiver in maintaining the family member at home.

Is enrollment capped? No

Geographic availability: Statewide, regionally-based with 11 regions. Some Caregiver Resource Centers have a central office with satellite offices. Also, a Statewide Resource Consultant serves as a centralized information, technical assistance clearinghouse.

FY2001 (July 2000-June 2001) total program caseload (total individuals served during the year): 14,201

Other funding sources that contribute to this program, e.g., county general fund, community-based organizations, donations, and volunteer time): No

Other state departments this program interfaces with: Department of Health Services; Alzheimer's Diagnostic and Treatment Centers; and California Department of Aging

Does this program serve a significant portion of clients under age 18? No

Waiting List: There is a waiting list for respite services (3722 in 00/01; 4241 in 01/02)

Long Term Care **Inventory 67**

Funding source: 100% State General Fund

Total Program Expenditures (2000/2001): \$12,246,995

Department of Mental Health

Traumatic Brain Injury Project

Brief Program Description: This is a four-site project that provides post-acute, coordinated system of care for persons with acquired traumatic brain injury.

What services are provided? Case coordination (case management), supported living services, community reintegration services; caregiver support; family and community education and vocational supportive services

Is this provided through a federal waiver? No

Program eligibility criteria: Age 18 and over, with an acquired traumatic brain injury as a result of an external force to the head; 51% of clients must be Medi-Cal eligible or have no other identified source of third party funding.

Other client characteristics: Medically stable. Client will be able to benefit from services and willing to be actively engaged.

Is enrollment capped? No

Geographic availability: Four sites provide services in the following counties: El Dorado, Los Angeles, Orange, Placer, Sacramento, San Benito and Santa Cruz.

FY2001 (July 2000-June 2001) total program caseload (total individuals served during the year): 1,623

Other funding sources that contribute to this program, e.g., county general fund, community-based organizations, donations, volunteer time): No

Other state departments this program interfaces with: Department of Rehabilitation

Does this program serve a significant portion of clients under age 18? No

Waiting List: There is no waiting list

Funding source: Penalty Assessment Fund

Total Program Expenditures (2000.2001): \$1,100,000

Department of Mental Health

State Hospital (Civil Commitment)

Brief Program Description: Programs and services for patients committed pursuant to the provisions of the Welfare and Institutions Code, Division 5 – COMMUNITY MENTAL HEALTH SERVICES, Part I – THE LANTERMAN-PETRIS-SHORT ACT (LPS) are provided at all state hospitals – Atascadero, Metropolitan, Napa and Patton. Counties contract each year with the Department of Mental Health for the number and type of state hospital beds the county expects to use. When a patient is admitted to a state hospital, the county continues to be responsible to participate with the patient and the hospital staff on the development of a treatment and discharge plan.

What services are provided? A wide variety of mental health assessment and treatment services are provided at each hospital. These services include, but are not limited to the following: individual psychotherapy, special education (age 21/under), vocational assessment & training, psychotropic medication, dental care, geropsychiatric care, skilled nursing care, physical therapy, substance abuse treatment/training, skills of daily living.

Is this provided through a federal waiver? No.

Program eligibility criteria: Patients must be referred by a county mental health program pursuant to the provisions of Division 5 and 6 of the Welfare and Institutions Code. In adult services patients must be 18 years of age or older. In Program I at Metropolitan State Hospital (the Child and Adolescent Program) the patients are under the age of 18. Typically these patients are age 11-17, but a few younger children are included in the program. Patients typically suffer from severe and persistent major mental disorders. Many have co-occurring problems with substance abuse. Prior to admission patients are screened to determine that they do not have a physical illness or injury that needs to be treated before admission to a psychiatric hospital.

Is enrollment capped? No.

Geographic availability: Statewide

FY2001 (July 2000-June 2001) total program caseload (total individuals served during the year): The LPS caseload at the end of the 2000-01 fiscal year was 799.

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Other state departments this program interfaces with: Department of Health Services, Department of Developmental Services, Department of Rehabilitation, Department of Finance, Department of General Services

Does this program serve a significant portion of clients under age 18? The counties are currently purchasing about 750 LPS beds of which about 100 are for children and adolescents under the age of 18.

Funding sources: Realignment and limited third party funding. Some county and community based organization funding and volunteer time and donations.

Total Program Expenditures (2001/2002): \$125,214,034

Department of Mental Health

Institutions for Mental Diseases

Brief Program Description: These programs provide services to individuals severely and persistently mentally disabled (per Welfare and Institutions Code 5900 and 5903).

What services are provided? These provide intensive self-help skills training, special rehabilitation program services support and psychiatric rehabilitation services. Facilities may be locked and/or secured, or open.

Is this provided through a federal waiver? No.

Program eligibility criteria: Severely and persistently mentally disabled individuals, almost exclusively 18 years or older, with an Axis One diagnosis on the Diagnostic and Statistical Manual of Mental Disorder, Four Edition.

Other client characteristics: This target population may include individuals who besides having an axis one diagnosis, secondarily will suffer from substance abuse, or are developmentally disabled with mental health service needs.

Is enrollment capped? Facilities and programs are limited by physical plant and approved license bed capacity.

Geographic availability: Programs are located throughout the state.

FY2000-011 (July 2000-June 2001) total program caseload (total individuals served during the year): 64 Facilities and programs.

Other state departments this program interfaces with: Primarily Health Services, Social Services; some interface with Developmental Services and Alcohol and Drugs Programs.

Does this program serve a significant portion of clients under age 18? No

Waiting Lists: Information not available at the state level; admissions and discharges are handled county by county.

Funding source(s): State grant dollars, county funds, federal funds, private pay. Also county general fund, community-based organizations, donations, volunteer time

Long Term Care **Inventory 72**

Total Program Expenditures (2000/2001): \$102,789,671

March 7, 2003

Department of Social Services

Adult Residential Facilities

Brief program description: Adult Residential Facilities (ARFs) are facilities of any capacity which provide 24-hour nonmedical care for adults ages 18 through 59, who are unable to provide for their own daily needs. These facilities, sometimes referred to as "Board and Care Facilities," range in size from small six-bed private homes to larger facilities with over 100 clients. Clients may be physically handicapped, developmentally disabled and/or mentally disordered..

What services are provided: Services provided include varying levels of care and supervision, protective supervision or personal care. This would include assistance with activities of daily living such as eating, bathing, grooming, assistance with medication, etc.

Is this provided through a federal waiver? ARF clients with developmental disabilities may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services is provided through the waiver. Other clients are not typically funded through a federal waiver.

Program eligibility criteria: An individual 18 years of age or over in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.

Other client characteristics: Clients are those individuals who can benefit from the facility's determined by the client's needs for service.

Is enrollment capped? No. In some cases acceptance into the facility is based on the facility's ability to meet the client's needs and available space.

Geographic availability: There are licensed Adult Residential Facilities throughout the State.

Total program caseload as of FY 2000-2001 (total individuals served during the year): There were 4,754 licensed ARFS at the end of FY 2001, serving 39,335 clients.

Other State departments this program interfaces with: Departments of Mental Health and Developmental Services.

Does this program serve a significant portion of clients under age 18? No.

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Waiting lists: DSS does not maintain a waiting list. Specific facilities may have a waiting list for their facility.

Funding Sources: General Fund, HCBS Waiver, county realignment funds

Department of Social Services

Adult Protective Services (APS)

Brief program description: APS is a state-mandated Title XX service program for investigation and evaluation of abuse, neglect or exploitation of dependent and elderly adults.

What services are provided? Reporting; investigation; needs assessment; crisis intervention; emergency shelter; adult respite care; and referral services.

Is this provided through a federal waiver? No.

Program eligibility criteria: An adult aged 65 or older, or a dependent adult aged 18 – 64.

Other client characteristics: There are no income or resource limitations or requirements.

Is enrollment capped? No.

Geographic availability: Statewide availability, administered by county welfare departments

FY 2001 total program caseload (total individuals served during the year):

Other state departments this program interfaces with: California Department of Aging, Long Term Care Ombudsman Program regarding cross-reporting of abuse complaints when a victim is a resident of a community care facility.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: State APS allocation and Federal Title XIX Community Services Block Grant (CSBG) funds

Total Program Expenditures (2000/2001): \$120,012,162

Department of Social Services

Office of Services to the Blind

Brief program description: Assistance to blind and visually impaired persons.

What services are provided? Information and referral; public information and awareness; Assistance Dog Special Allowance

Is this provided through a federal waiver? No.

Program eligibility criteria: Person is blind or visually impaired. For the Assistance Dog Special Allowance, a person must be blind/visually impaired; deaf/hearing impaired; or disabled and receiving SSI/SSP; Cash Assistance Program for Immigrants, Social Security Disability Insurance or In-Home Supportive Services.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Available statewide by contacting the office located in Sacramento.

FY 2001 total program caseload (total individuals served during the year): NA

Other state departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: State General Fund – 100%.

Total Program Expenditures: \$379,440

Department of Social Services

Office of Deaf Access

Brief Program Description: The Office of Deaf Access oversees a program known as the Deaf Access Assistance Program (DAP). The DAP is a State-created program that assures that public programs are adapted to meet the communication needs of deaf and hard of hearing children, adults and families so that they may receive the public benefits and services to which they are entitled, achieve economic independence, and fully participate in the mainstream society.

What services are provided? Advocacy, communication assistance, counseling, information and referral, employment assistance, independent living skills instruction, and community education

Is this provided through a federal waiver? No.

Program eligibility criteria: None other than a demonstrated need for services.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Available statewide via eight contracted private non-profit charitable corporations with 19 district offices.

FY 2000 Total program caseload (total individuals served during the year):

Other state departments this program interfaces with: None.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: State General Fund – 45%; Federal Title XX Block Grant Funds – 55%

Total Program Expenditures (2000/2001): \$5,804,000

Department of Social Services

In-Home Supportive Services (IHSS) Residual Program

Brief program description: A state/county funded component of the IHSS program that provides assistance to aged, blind and disabled persons so they can remain in their own homes.

What services are provided? Services provided are domestic and related services; heavy cleaning; transportation; paramedical; respite; teaching and demonstration; non-medical personal care; and protective supervision.

Is this provided through a federal waiver? No.

Program eligibility criteria: (1) Social Security Income/State Supplemental Payment (SSI/SSP) eligibility criteria except for income limits; (2) have a need for the services; and (3) live in his/her own home or abode of own choosing.

Other client characteristics: Persons who meet SSI/SSP criteria, except for income, pay a share of cost.

Is enrollment capped? No.

Geographic availability: Available Statewide with administration by each county.

FY 2001 (June 2000 – June 2001) Total program caseload (total individuals served during the year): 66,633

Other state departments this program interfaces with: California Department of Health Services

Does this program serve a significant portion of clients under age 18? No

Funding sources: State General Fund – 65%, which includes some Title XX funds; County Funds - 35%.

Total Program Expenditures (2000/2001): \$509,513,000

Department of Social Services

SSI/SSP – Non-Medical Out-of-Home Care (NMOHC)

Brief program description: A payment rate category for SSI/SSP-eligible individuals who live in a licensed residential care facility (RCF) or are receiving care and supervision in the home of a relative.

What services are provided? A higher SSP payment in addition to Medi-Cal services

Is this provided through a federal waiver? No.

Program eligibility criteria: Same as for SSI/SSP.

Other client characteristics: N/A.

Is enrollment capped? No.

Geographic availability: Available statewide via Social Security Administration field offices.

FY 2001 (July 2000-June, 2001) total program caseload (total individuals served during the year): 63,596 clients (12-month average).

Other state departments this program interfaces with: Department of Health Services regarding Medi-Cal program.

Does this program serve a significant portion of clients under age 18? About 5.47% (3,423) of the NMOHC caseload is under age 18.

Funding sources: Same as for SSI/SSP.

Total Program Expenditures (2000/2001): \$456,368,894

Department of Social Services

Personal Care Services Program (PCSP)

Brief program description: The Personal Care Services Program is a Medi-Cal benefit administered by DSS similar to the IHSS program with different funding and eligibility requirements.

What services are provided? A few of the services provided are assistance with ambulation, bathing, oral hygiene, grooming, dressing, bowel and bladder care, skin care, respiration and paramedical services.

Is this provided through a federal waiver? No. PCSP is a Medi-Cal State Plan benefit

Program eligibility criteria: (1) disability expected to last 12 months or more or to end in death; (2) require at least one personal care service; (3) provider of services cannot be parent or spouse; (4) can not be receiving advancement payment for services; and (5) provider of services is an enrolled Medi-Cal provider.

Other client characteristics: N/A.

Is enrollment capped? No. PCSP is a Medi-Cal State Plan benefit.

Geographic availability: Available statewide with administration by each county.

FY 2001 (July 2000- June 2001) total program caseload (total individuals served during the year): 182,050

Other state departments this program interfaces with: Department of Health Services, single state agency for the Medi-Cal program.

Does this program serve a significant portion of clients under age 18? No.

Funding sources: Federal Funds - 50%; State General Funds - 31.5%; County Funds – 17.5%.

Total Program Expenditures (2000/2001): \$1,657,054,000:

Department of Social Services

Adult Day Programs

Brief program description: Adult Day Programs licensed by DSS Community Care Licensing Division are community-based and provide care to persons 18 years of age or older. These individuals need personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis. There are many different types of programs based on the needs of the targeted populations such as persons with developmental disabilities, seniors, persons with dementia, etc.

What services are provided: Services provided include varying levels of care and supervision, protective supervision or personal care. This would include assistance with activities of daily living such as eating, bathing, grooming, etc. Types of services available through a day program may include accessing community activities, self-help and self-care skills; development of social and recreational skills, and employment via a contract between the day program and the employer.

Is this provided through a federal waiver? Clients participating in day programs who are persons with developmental disabilities may be certified as eligible for the home and community based services (HCBS) waiver and the funding of their services through the waiver. Clients other than persons with developmental disabilities may also participate in day programs and funding is provided through insurance or private pay.

Program eligibility criteria: An individual 18 years of age or over in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.

Other client characteristics: Clients are those individuals who can benefit from the program offered by the day program determined by an assessment of each client's needs for service.

Is enrollment capped? There is no enrollment.

Geographic availability: There are licensed Adult Day Programs throughout the State.

Total program caseload as of FY 2000-2001 (total individuals served during the year): There were 678 licensed Adult Day Programs serving 33, 259 individuals at the end of FY 2001.

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Other State departments this program interfaces with: Departments of Aging, Developmental Services, and Health Services

Does this program serve a significant portion of clients under age 18? No.

Waiting lists: Neither DDS nor DSS maintain waiting lists for these programs.

Funding Sources: General Fund, HCBS Waiver, Private pay

Department of Social Services

Residential Care Facilities for the Elderly (RCFE)

Brief program description: RCFEs are non-medical facilities of varying size that provide out-of-home care to persons 60 years of age and over but also persons under 60 with compatible needs. These facilities are licensed by the DSS Community Care Licensing Division. RCFEs range from six bed facilities located in private homes to large assisted living communities.

What services are provided? Services provided include varying levels of care and supervision, protective supervision or personal care. This would include assistance with activities of daily living such as eating, bathing, grooming, etc. Elderly may be frail and/or disabled and cannot or do not desire to take care of their own daily needs.

Is this provided through a federal waiver? No. The majority of RCFEs accept private pay clients. Some facilities accept SSI-SSP clients.

Program eligibility criteria: An individual 60 or over or a younger individual if the person has compatible needs with other clients in care in the facility.

Other client characteristics: Clients in RCFEs are those individuals who need out of home care with only incidental medical service needs. Many of the clients in care have some degree of dementia.

Is enrollment capped? There is no enrollment. Clients are accepted into facilities by the licensee if the licensee can meet the clients' needs. Individuals, or their families, choose facilities based on income, preferences, and services offered by the facility. Proximity to family members is often a key factor in selecting a facility.

Geographic availability: There are licensed RCFEs throughout the State. Anecdotal information indicates there is a shortage of facilities for low-income individuals and for facilities that serve SSI-SSP clients.

FY 2001 total program caseload (total individuals served during the year): There were 6,212 licensed RCFES serving 147,057 individuals at the end of FY2001.

Other State departments this program interfaces with: Departments of Developmental Services, Aging, Mental Health and Health Services

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Does this program serve a significant portion of clients under age 18? No, clients are adults.

Waiting lists: Individual facilities may maintain waiting lists but DSS does not.

Funding Sources: SSI/SSP, private pay

Department of Rehabilitation

Independent Living Centers

Brief Program Description: The Department of Rehabilitation administers a program of grants, technical assistance and compliance monitoring for independent living centers (ILCs). ILCs are community-based, non-residential, cross-disability, consumer controlled, private, non-profit organizations. Their mission is to assist all individuals with disabilities, without regard to age or type of disability, to live as independently as possible in family and community settings. The Department shares policy and planning responsibility for this program with the State Independent Living Council.

What services are provided? All ILCs are required by state and federal statute to provide the following core services: advocacy, peer counseling, independent living skills training, information & referral, personal assistance services and support and housing registries or other housing assistance. In addition to the core services, California ILCs are funded by the Legislature to provide advocacy and assistance on assistive technology to individuals with disabilities. Beyond the services described above, each ILC may use its state and federal funding to provide any other service(s) that will contribute to an individual's ability to live independently in family and community, as identified by local determination. ILCs are not limited to the provision of services to individual consumers. The most common community services include information/referral, advocacy, education and outreach.

Is this provided through a federal waiver? No.

Program eligibility criteria: There are only two criteria: (a) a "significant disability" as defined in the Rehabilitation Act of 1973, as amended; and (b) the likelihood the individual will increase or maintain their independence as a result of services rendered.

Other client characteristics: ILCs strive to impart to consumers the skills, knowledge and abilities they need to become or remain independent.

Is enrollment capped? No.

Geographic availability: 29 independent living centers, with a total of about 75 service locations, at least nominally covering all of California. Policy efforts focus on increasing services in rural locations.

FY 2001 (October 2000 – September 2001) total program case load (total individuals served during the year): California ILCs served 42,558 unduplicated

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individuals with disabilities. Of these, 24,563 were carried over from the prior year; 17,995 were served for the first time in 2001.

Other State departments this program interfaces with: Departments of Aging and Social Services.

Does this program serve a significant portion of clients under age 18? The Department of Rehabilitation and the State Independent Living Council have undertaken a policy initiative to increase this percentage in the next two years.

Waiting lists: Independent living centers do not maintain waiting lists; they simply cut back on outreach activities when operating at capacity.

Funding Sources: California ILCs have two primary sources of funding. The Department of Rehabilitation funds ILCs with \$12.8 million annually in discretionary reimbursements it receives from the federal Social Security Administration. The federal Department of Education also funds ILCs through direct grants at approximately \$5.5 million annually. Each center, as a non-profit organization, is free to develop additional sources of funding. Typical sources include community development block grants, foundation grants, research grants, fund-raising activities and fee-for-service contracts. Some centers derive large portions of their revenues from such sources; others, especially rural ones, have less success attracting such funding.

Total Program Expenditures (Federal Fiscal Year -- 10/00-9/01): \$12,400,000